

SIXTH ANNUAL REPORT

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New York State Hospital

FOR THE CARE OF

Crippled and Deformed Children

FOR THE YEAR ENDING
SEPTEMBER 30, 1906

HOSPITAL LOCATED AT WEST HAVERSTRAW, N. Y.

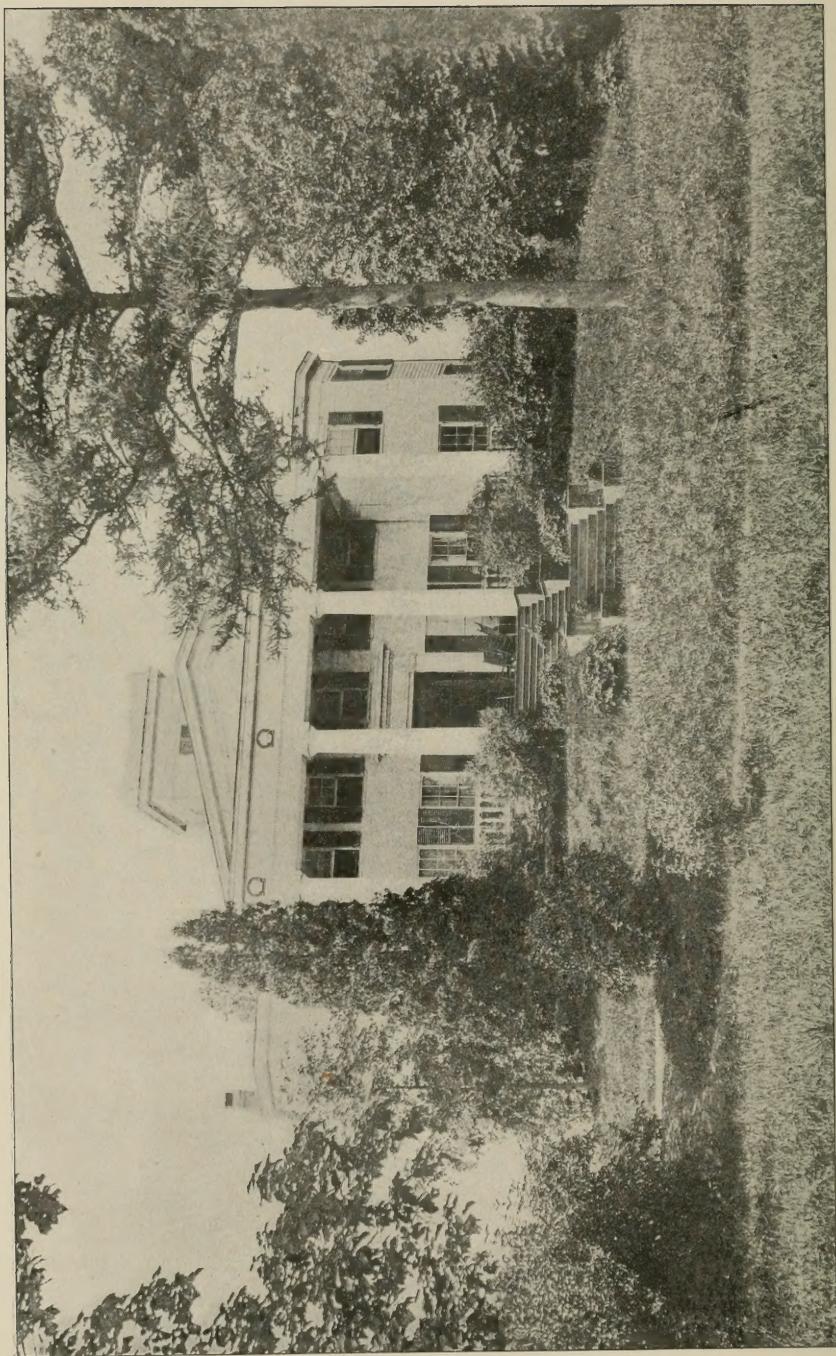
(On the West Shore Railroad)

1906

ALBANY

J. B. LYON COMPANY, PRINTERS

1906



THE PRESENT BUILDING OF THE NEW YORK STATE HOSPITAL FOR THE CARE OF CRIPPLED AND DEFORMED CHILDREN AT WEST
HAVERSTRAW, ROCKLAND COUNTY, NEW YORK.

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LOCATION OF THE HOSPITAL

The present hospital building is located on the main highway in West Haverstraw, N. Y., about one-half mile from the West Shore Railroad station, and about one-quarter of a mile from the Erie Railroad station.

BOARD OF MANAGERS.

Appointed by the Governor of the State.

THE RT. REV. HENRY C. POTTER, D. D.
GEORGE BLAGDEN
GEORGE W. THOMAS
ROGERS H. BACON
NEWTON M. SHAFFER, M. D.

Officers of the Board.

President.

THE RT. REV. HENRY C. POTTER, D. D.

Treasurer.

GEORGE BLAGDEN

Secretary.

GEORGE W. THOMAS

Chairman of the Executive Committee.

NEWTON M. SHAFFER, M. D.

MEDICAL STAFF.

Consulting Physicians and Surgeons.

Of the College of Physicians and Surgeons, New York City.

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FRANCIS DELAFIELD, M. D.

Of the Cornell University Medical College, New York City.

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W. GILMAN THOMPSON, M. D.

Of the University-Bellevue Medical College, New York City.

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A. VANDER VEER, M. D.

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Of the Buffalo Medical College, Buffalo, N. Y.

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Of the Long Island Medical College, Brooklyn, N. Y.

JOHN D. RUSHMORE, M. D.

JOHN A. McCORKLE, M. D.

Of the Syracuse University, Syracuse, N. Y.

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HENRY A. GATES, M. D., of Delhi, N. Y.

GRANT C. MEDILL, M. D., of Ogdensburg, N. Y.

FRANK W. SEARS, M. D., of Binghamton, N. Y.

JOHN SENGSTACKEN, M. D., of Stony Point, N. Y.

EUGENE B. LAIRD, M. D., of Haverstraw, N. Y.

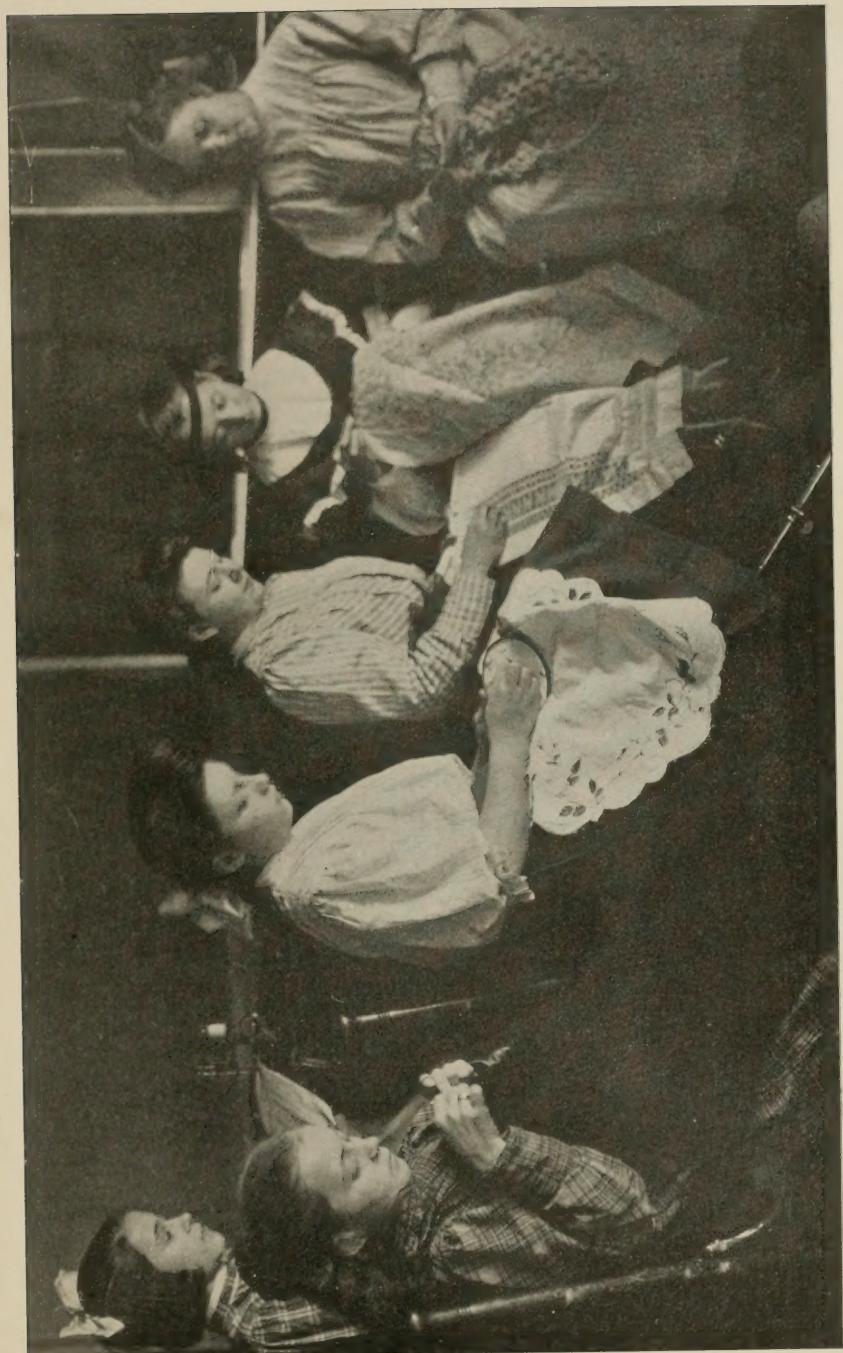
Attending Medical Staff.

Surgeon-in-Chief NEWTON M. SHAFFER, M. D.

First Assistant Surgeon .. P. HENRY FITZHUGH, M. D.

Assistant Surgeon JOHN JOSEPH NUTT, M. D.

Assistant Surgeon PERCY W. ROBERTS, M. D.



SEWING AND EMBROIDERY CLASS.

EXECUTIVE OFFICERS.

Superintendent THE SURGEON-IN-CHIEF.
(Non-Resident.)

Resident Officers.

Resident Physician and Assistant Superintendent,
JOHN M. HALL, M. D.
Matron MISS GERTRUDE A. HOXIE.
Stenographer MISS JESSIE WELLER.
Teacher MISS EDITH M. RICE.
Trained Nurses

MISS IRENE GAFFNEY.
MRS. MAE R. HUDSON.
MISS NORA GILLIES.
MISS JENNIE A. WILLIAMS.

Non-Resident Officer.

Bookkeeper and Storekeeper (Acting Steward),
EDWIN T. DUNN.

MY DEAR SIR:

With this I beg to transmit to you the report of the Surgeon-in-Chief of the New York State Hospital for the Care of Crippled and Deformed Children for the year ending September 30, 1906.

This report, I would add, has been submitted to the Board of Managers and adopted and approved by them.

I am, dear sir,

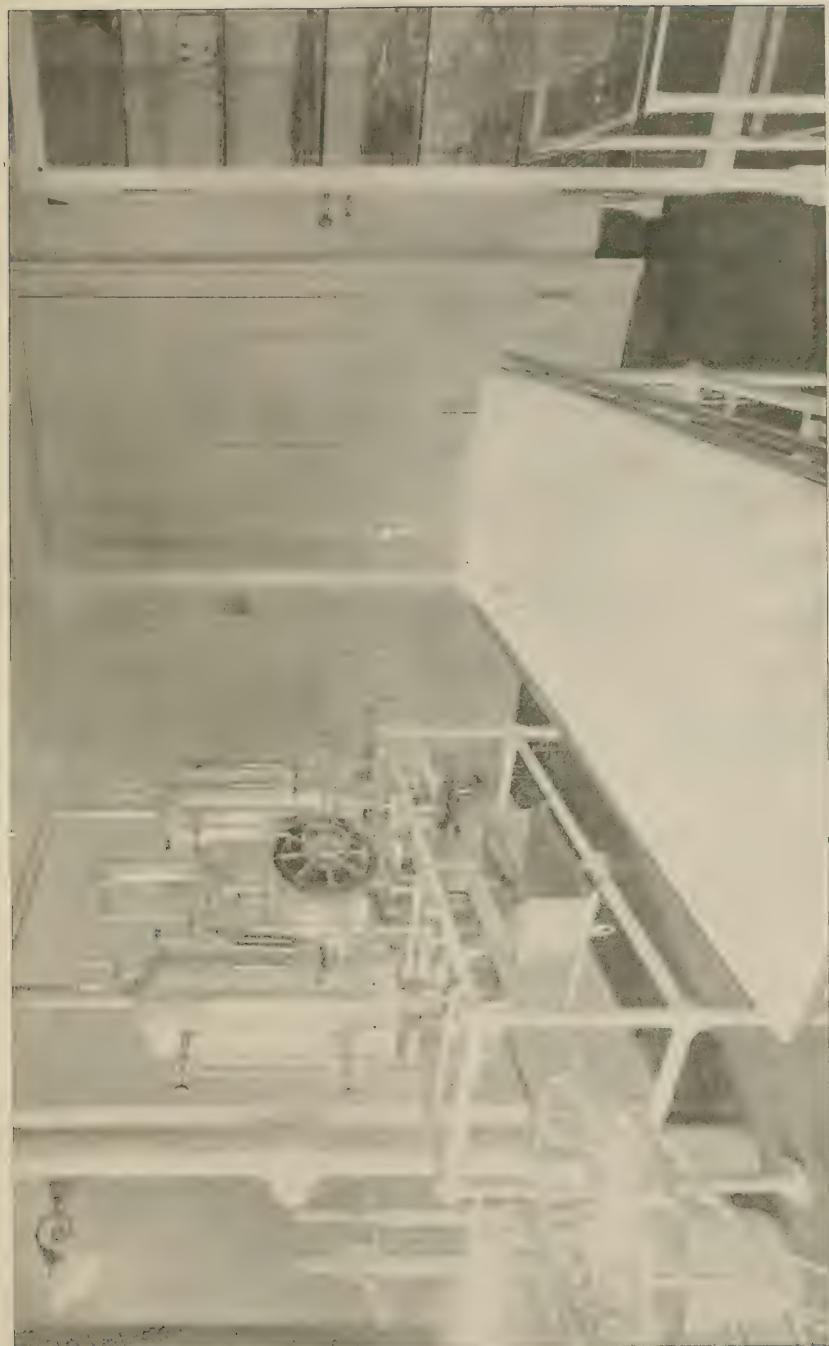
Very respectfully yours,

HENRY C. POTTER,

President.

The Hon. ENOCH VINE STODDARD, M. D., *President.*

December 10, 1906.



THE OPERATING ROOM.

TO THE BOARD OF MANAGERS OF THE
NEW YORK STATE HOSPITAL FOR
THE CARE OF CRIPPLED AND
DEFORMED CHILDREN.*

GENTLEMEN.—I submit herewith a report of the work performed in your Hospital for the year ending September 30, 1906.

On October 1, 1905, there were forty-five patients receiving treatment in the Hospital. Twenty-four new patients were received during the year, making a total of sixty-nine patients treated. Of these sixty-nine, twenty-one (28.98 per cent.) have been discharged, including one who died, leaving forty-eight under treatment on September 30, 1906.

Of the twenty actually discharged, seven left the Hospital cured; eleven were discharged as improved, some practically well and all much improved, and two were discharged unimproved, that is, as incurable. The death above referred to was due to tubercular meningitis, occurring in a patient with hip-joint disease. No deaths occurred from acute illness, and in a general way the health of the patients has been excellent.

Of the forty-eight patients remaining in the Hospital on October 1, 1906, twenty-six were boys and twenty-two were girls. The average daily number of patients during the year was 45.61. None were paying patients. All were beneficiaries supported by the State Funds. None were received until a critical inquiry established the fact that they were worthy of State aid. The total days of hospital care is 16,648.

*Read before the Board of Managers of the Hospital at the Stated Monthly Meeting of December 10, 1906. Approved and ordered sent to the State Board of Charities.

Of the forty-eight patients remaining in the Hospital at the end of the fiscal year fourteen had hip-joint disease, ten had Pott's disease of the spine (hump back), four had congenital club foot, five had acquired club foot from infantile paralysis, one had club foot from a cicatrix after a burn, three had congenital dislocation of the hip, five had knee-joint disease (white swelling), three had bowlegs, one had deformity and difficult locomotion due to a spinal cord lesion, one had infantile paralysis involving several muscles, and one had an inflammation of the thigh bone involving the knee-joint.

Of the sixty-nine patients treated, forty, or nearly sixty per cent. had some form of tuberculous joint disease. Of these forty, fifty per cent. had hip-joint disease, fifteen per cent. had disease of the knee-joint and thirty-five had spinal disease.

These patients form a distinct class, their ailments differing very materially in origin, course and treatment from, for example, club foot, bowlegs, infantile paralysis, etc. They demand particular attention, prolonged treatment and continuous observation, and above all things, an unlimited supply of fresh air, night and day, and a liberal diet of nutritious food. We must not forget, in cases of this class, that, after the deformity is overcome or modified, the disease underlying the deformity must be eliminated before the deformity remains permanently cured. Tuberculous disease of the joints, while ordinarily not menacing to life, requires a long time to effect a cure. And it has been demonstrated that fresh air is a potent factor in treatment, hastening the self-limitation of these diseases.

While, for a greater part of the year these patients can be kept out of doors during the day — those who are disabled or suffering, on cots or in hammocks, and those who are convalescent playing or walking about the lawn — the winter brings many days when



THE GIRLS' WARD.

the out door treatment is impossible except in some more or less protected shelter which will modify the cold winds and allow the entrance of the sun's rays. We need some such shelter in our work very much, a large, open pavilion being clearly indicated. In our present equipment, we have a small sun-room which accommodates about ten patients only. This room has a southern exposure and day and night the windows are kept open, giving free access of air without any direct draft. On sunny days in winter the patients are exposed to the direct rays of the sun.

The fresh air treatment of non-pulmonary tuberculosis has recently attracted much attention. It seems to many, and especially to the laity, a questionable novelty, and surprise has been expressed in some quarters at the apparently dangerous and prolonged exposure to the open air of a class which, erroneously, has been deemed peculiarly susceptible to cold atmospheric conditions. In, and since 1872, the writer has used this method in many cases of tuberculous joint disease, in private practice especially, and its recent popularity is based upon a more enlightened study of diseased conditions, and has followed Dr. Trudeau's notable example in his sanitarium work at Saranac Lake, supplemented by other observers, and especially by Dr. William S. Halsted of Johns Hopkins Hospital.

It is surprising how well these delicate, afflicted ones bear this fresh air, out door treatment. It is to be regretted that it has not been more universally adopted. With ample wraps and sufficient head covering, patients show at once decided improvement. While we get our patients out of doors as much as possible, our present facilities are very inadequate. A large pavilion is planned, an ample open veranda is practically under way, but at present, we must depend on one small sun-room which is far too small for our uses.

Without discussing (as I have been requested to do) at too great a length, the question as to the comparative benefit of sea *versus* inland air, in the treatment of non-pulmonary tuberculosis, the writer professes his strong preference for the latter. For the treatment of tuberculous diseases of the spine and the major articulations a high altitude is not required. A dry climate is very clearly indicated. The ideal site comprises a surrounding country which is well wooded, if not mountainous, a suitable isolated elevation, with good natural drainage and a position where the winds, even the cold winds of winter, will have a full sweep. Other things being equal, the further these ideal conditions are removed from the sea the better. One does not like to think of tuberculous disease of any kind associated with the sea mould which soon becomes evident upon unused articles. The inherent dampness, and the mould of the sea shore, coupled with the yielding nature of the sand which makes locomotion a labor, in the writer's opinion, contraindicate the sea shore as a permanent residence for patients with tuberculous joint disease, especially those with abscesses and discharging sinuses. It has often been observed by the writer that almost any change will benefit the closely confined tenement house child and he has not infrequently seen remarkable recoveries following the discharge of an apparently dying patient with tuberculous joint disease from the generally overheated, and often poorly ventilated, ward of some general hospital, to the apparently more vitiated air of a Five Points or Essex Street tenement. Isolation in tuberculous disease is a most important factor in treatment, and fresh air, used in its widest and most scientific sense, means practical isolation.

An experience of nearly forty years in the treatment of these joint and spinal conditions leads the writer to say that even



THE BOYS' WARD.

among the wealthy, who can command their resources to secure ideal surroundings, the sea shore does not afford the best climatic conditions for the treatment of chronic diseases of the joints, of a tuberculous nature. A site in the Adirondacks, or in some appropriate region, where similar conditions exist, gives far better and more permanent results.

Our Hospital is most favorably situated on an elevated ridge, (known as "Treason Hill", near the house where Arnold and Andre concocted their treasonable plans), about two hundred feet above the Hudson River. It is practically surrounded by high hills and mountains. Looking to the South, we see the northern terminal of the Palisades, with Hook Mountain in the distance. Turning to the North and West, this range, backed by an undulating and practically uninhabited country, and covered with miles of forests, ends in the distant mountains of the Shawangunk range. To the West and North there is a wilderness of mountains, hills and trees of vast extent, including the Highlands of the Hudson, ending practically at the foot of the Catskills. From the East, the air comes across the broad Hudson from the high hills of Putnam and Westchester counties. Fogs are rare, and dampness, as such, is unknown. There is probably no better site than this for a Hospital devoted to the treatment of non-pulmonary tuberculosis south of the Adirondacks. Adding to all this, a perfect sewage system, thorough natural drainage, an ample supply of good water, its proximity to New York and other centers, and its ease of access from distant parts of the State, lead one to conclude that there is little to be desired; — except a modern hospital which will meet the demands which are each day growing more important and more urgent.

This is what we most lack, — a modern hospital. The sixty-

nine patients treated in our apology for a hospital during the year represent only a small fraction of those who need our care. We have gone ahead in our work the best we could with our present limited facilities, frequently overcrowding our wards in the interest of some poor sufferer who could not get help anywhere else. Unable, from the chronicity of their diseases, to rapidly discharge patients; unwilling to sacrifice the nearly cured child to a certain relapse in his tenement home, that our statistics might look better; gladly helping those who were fortunate enough to gain admission; we have gone on with our work feeling convinced that the new hospital must soon be a reality. The ample acres owned by the State upon which our present building is located await the erection of this structure.

Every visitor to our Hospital is impressed with our School. For a few hours each day a certain class of convalescents are taught the elementary branches. Quite a number of patients come to us unable to read or write, having been debarred from the public school on account of their disabled condition; others come too young to have received any systematic instruction. An average of fifteen, in the primary class, are taught in the afternoon, and the older convalescents are taught in the morning, in a room where the temperature is kept at sixty degrees or below, where the windows are always open, and where the sunlight has free inlet. Aside from this, individual instruction is given by our competent teacher to patients who are confined to their beds. All of this forms a most interesting feature of our work.

But this is only a beginning of a greater work which we hope will ultimately find expression in a complete school of manual training. Already we are commencing in a very small way to carry out this idea. Under the tutilage of our most worthy matron the girls are taught knitting, embroidery, plain and



THE SCHOOL ROOM.

fancy sewing, and the boys are learning to reseat cane-bottomed chairs. At small expense the work could be amplified so as to include shoemaking, carpentry, brushmaking, typewriting, etc. As many of our patients must remain a long time in the hospital, we ought to train them to some work to which they are adapted and which will fit them for a suitable occupation after they have been discharged from the Hospital. We should aim not only to make them well, but we should try also to make them self-respecting and self-supporting citizens.

The wards, as well as the school room, are always kept thoroughly ventilated. The temperature is kept at sixty degrees or lower in winter, but never allowed to go to a point where health is endangered. With ample bed covering the patients sleep in a cool, pure air with open windows. The exemption from the usual maladies of childhood, such as ordinary colds and sore throats, is surprising to those who are unfamiliar with this method of treating children. No greater boon has been conferred upon humanity for a long time than that which has taught us that night air is not "malarious," and that the open window at night is a great conservator of health.

I am indebted personally to all my subordinates in the Hospital for their uniform and courteous assistance. This is especially true of the Members of Attending and Consulting Medical Staffs, all of whom serve the Hospital (as well as the Surgeon-in-Chief) without any pecuniary compensation.

I append the usual tables giving in statistical form the results of our work. Table Number I gives a summary of "Continued Patients," that is, a list of those who were received for treatment prior to October 1, 1905. Table Number II contains a summary of the new patients received during the year. Table Number III gives a list of the surgical operations performed.

Table Number IV states the condition upon discharge of those patients who left the Hospital, and Table Number V gives the cause of death in the case of the patient who died.

Appended is the list of donations and material received during the year. We desire to thank all those who have so kindly contributed to the comfort of the patients.

Also appended are the "Rules and Regulations" governing the admission of patients. A careful study of these Rules by those interested is recommended by the writer.

Respectfully submitted.

NEWTON M. SHAFFER, M. D.,

Surgeon-in-Chief and Superintendent.

December 10, 1906.

Summary of "Contracted Patients."

Case number	Date of admission.	Resident county.	Disease.	Application made and indorsed by affidavit of—	Condition on admission as per last report.	Condition on admission as per last report.	Remarks.
1 Dec. 7, 1900	7	New York...	Hip-joint disease.....	Mother.....	Slightness, deformity and abscess.....	Cured. Limb in good position, limb in good position. Abscess absorbed.	
2 Dec. 7, 1900	7	New York...	Hip-joint disease.....	Mother.....	High flexed and abducted; very painful; abscess.	Discharged cured. Limb in good position. Abscess absorbed.	
3 April 11, 1901	9	Westchester	Hip-joint disease.....	overser of poor.....	Pain and extreme deformity; unable to walk.	Abscess closed. Limb in good position. Splint discontinued while under observation.	
4 April 17, 1901	16	New York...	Hip-joint disease.....	Aunt and guardian.....	great deformity, pain and abscesses; unable to walk.	Discharged much improved. In excellent condition.	
5 Oct. 30, 1901	4	New York...	Knee-joint disease.....	Mother.....	Knee bent at right angle; very much limb straight; abscess absorbed.	Abscess absorbed. Limb straight. Some motion. In excellent health.	
6 Nov. 4, 1901	5	Queens.....	Hip-joint disease.....	Mother.....	Knee bent at right angle; very much painful. Abscess present. In bed six months. General condition very poor.	Some motion. In excellent health.	
7 Dec. 9, 1901	11	Westchester	Hip-joint disease.....	Mother.....	In bad condition on entrance, entrance very bad. Abscess discharging profusely. In bed for seven months. Hip much deformed.	Large general condition excellent. Abscess closed. Joint motion practically normal. Is under observation pending discharge as cured. Condition on entrance very bad. Discharged greatly improved. Joint formerly marked. Six abscesses. Pain and fever. In bed six months.	
8 Dec. 17, 1901	7	Monroe.....	Knee-joint disease.....	Superintendent of poor.....	Knee much deformed, and very much abscessed. Was rigid as a straight.	Pain. Limb in good position. Knee joint.	
9 June 25, 1902	7	New York...	Hip-joint disease.....	Mother.....	Hip much contracted. Disease of long has a limb in good position with hip much contracted. Disease of long has a limb in good position with hip much contracted.	Without splint. Under observation.	
10 Jan. 28, 1903	6	Cayuga.....	Pott's disease (humpback).	Mother.....	Much deformity and pain. Marked discharging, much improved. Abscess absorbed.	Marked discharging, much improved. Abscess absorbed.	
11 April 21, 1903	4	Westchester	Pott's disease (humpback).	grandmother.....	Pain. Head twisted to one side. In poor condition.	Mother moved out of state necessitating discharge. Greatly improved—head straight.	
12 Oct. 10, 1903	10	Queens.....	Hip-joint disease.....	Mother.....	Right leg one-half inch shorter than left. Very little motion in any direction of hip joint.	In good condition. Duration five years. Beginning abscess. Good position of limb. Abscess still discharging.	
13 Jan. 19, 1904	12	Queens.....	Hip-joint disease.....	Mother.....	Two and one-half inches shortening of hip steadily improved. Has good right limb. Marked muscular spasm. Very limited motion.	Joint position and walks well.	

TABLE No. I.—Continued.
Summary of "Continued Patients."

Case number.	Date of admission.	Age, years.	Resident county.	Disease.	Application made and instored by affiliavit of—	Condition on admission as per last report.	Remarks.
14	June 16, 1904	4	Orange	Club foot.....	Father	Marked eulino-varus of right foot. Very rigid.	Very cured.
15	June 22, 1904	10	Cayuga	Bow legs.....	Superintendent of Char-ity and mother.	Very marked bow legs with a sharp curve. Much improved. Just above ankles.	
16	July 18, 1904	11	Dutchess	Pott's disease and tuber-ular far disease of wrist.	Father.....	Disease of cervical spine. Also tubercular. Swelling of left wrist.	Also tubercular. Spinal condition much improved. Wrist is well.
17	Aug. 11, 1904	4	Fulton	Bow legs.....	Father.....	Marked bowing between knees and ankles. Discharged cured.	
18	Nov. 28, 1904	10	New York	Acquired club foot from infantile paralysis.	In: Father.....	Contracture of both tendo-achillics; almost complete paralysis of both lower limbs.	Discharged cured of club foot. Wears a splint on account of the permanent nature of the paralysis.
19	Dec. 2, 1904	6	New York	Hip-joint disease.....	Father.....	Marked flexion, with pain.....	Is good motion at the hip. Is much improved.
20	Dec. 9, 1904	5	Fulton	Congenital dislocation of Father.....	Posterior dislocation of head of femur.....	Posterior dislocation of head of femur.	Cured. Is still kept in the hospital for observation.
21	Jan. 13, 1905	4	Orange	Pott's disease (humpback).	Mother.....	Marked deformity in lower dorsal region.	Pain; difficult locomotion. Has improved very much.
22	Feb. 6, 1905	4	Kings	Hip-joint disease.....	Mother.....	Slight deformity. Very little movement of joint.	Has gained steadily and is doing well in every way.
23	Mar. 14, 1905	4	Kings	Congenital club foot.....	Mother.....	Aggravated deformity.....	Is practically cured; goes home soon.
24	April 11, 1905	4	Orange	Pott's disease (humpback).	Father.....	Disease in lumbar region. Slight deformity.....	Is improving every month. In excellent condition.
25	April 18, 1905	9	Cayuga	Club foot from infantile paraparesis.	Mother and Superin-tendent of Charities.	Hyp. Pain. Both thighs drawn up.	Discharged cured of the deformity. Still wearing brace.
26	April 25, 1905	12	Cayuga	Lateral curvature of the spine.	Mother.....	Contracted heel cord.....	Discharged as much improved.
27	May 9, 1905	8	New York	Knee-joint disease.....	Father.....	Marked deformity. Patient in poor physical condition.	Wearing apparatus. Considerable marked deformity of right knee; result of operation for injury. Flexed to right of motion. Walks without apparatus.
28	May 13, 1905	9	New York	Pott's disease (humpback).	Mother.....	90°. No perceptible movement. X ray gives appearance of ankylosis.	90°. No perceptible movement. X ray gives appearance of ankylosis. Disease in lumbar region. Very acute. Discharged improved. Mother moved out of State.
29	June 17, 1905	4	Tioga	Congenital club feet.....	Father.....	Slight deformity. Abscess.	Severe grade of congenital club foot. Is practically cured.
30	June 20, 1905	8	Oswego	Hip-joint disease.....	Guardian.....	Patient in very poor condition. Extreme flexion of thigh.	Extremely poor condition. Considerable deformity. Discharged—unimproved.
31	July 15, 1905	13	New York	Pott's disease (humpback).	Mother.....	Is in good condition.	Discharged in lower dorsal region. Abscess; discharge. Considerable deformity. Patient very emaciated and weak.

32	July 10, 1905	12	Kings.....	Hip-joint disease.....	Mother.....	Very acute symptoms. Two abscesses. Abscess closed. Limb in good post.
33	July 19, 1905	8	New York...	Knee-joint disease.....	Mother.....	.....	Very little motion. Thigh very much swollen with some motion at hip.
34	July 19, 1905	5	New York...	Knee-joint disease.....	Father.....	.....	White swelling of right knee. Extremely greatly improved.
35	Aug. 1, 1905	4	New York...	Hip-joint disease.....	Mother.....	.....	White swelling of right knee. Knee is improving.
36	Aug. 28, 1905	7	Rockland...	Club feet from infantile	Mother.....	.....	White swelling of right knee. Extremely greatly improved.
				paralysis.	.....	.....	acute. Flexed to about 90°. Very slight movement.
					.....	.....	White swelling of right knee. Extremely greatly improved.
37	Sept. 16, 1905	11	New York...	Club foot from infantile	Step-mother.....	.....	White swelling of right knee. Extremely greatly improved.
				paralysis.	.....	.....	White swelling of right knee. Extremely greatly improved.
38	Sept. 21, 1905	10	Rockland...	Brain paralysis, with club	Mother.....	.....	White swelling of right knee. Extremely greatly improved.
				foot.	.....	.....	White swelling of right knee. Extremely greatly improved.
39	Sept. 21, 1905	4	Kings.....	Congenital dislocation of	Father.....	.....	White swelling of right knee. Extremely greatly improved.
40	Sept. 29, 1905	8	New York...	Pott's disease (humpback).	Superintendent	.....	White swelling of right knee. Extremely greatly improved.
41	Sept. 29, 1905	4	New York...	Pott's disease (humpback).	Superintendent	.....	White swelling of right knee. Extremely greatly improved.
42	Sept. 29, 1905	4	New York...	Hip-joint disease.....	Superintendent	.....	White swelling of right knee. Extremely greatly improved.
43	Sept. 29, 1905	4	New York...	Club foot due to a burn...	Superintendent	.....	White swelling of right knee. Extremely greatly improved.
44	Sept. 29, 1905	7	New York...	Club feet from infantile	Superintendent	.....	White swelling of right knee. Extremely greatly improved.
				paralysis.	.....	.....	White swelling of right knee. Extremely greatly improved.
45	Sept. 30, 1905	11	Rockland...	Lateral curvature of the	Mother.....	.....	White swelling of right knee. Extremely greatly improved.
				spine.	.....	.....	White swelling of right knee. Extremely greatly improved.

TABLE NO. II.—(Continuation of Table No. I.)
Summary of new patients received during the year.

Date of admission.	Resident county.	Disease.	Application made and endorsed by affidavit.	Condition on admission.	Residence.	Disease.	Condition on admission.	Remarks.
46 Oct. 5, 1905	9 Oswego, ...	Pot's disease	Father,	Disease in lumbar region. Moderate deformity. Abscess. Slight discharge, with high temperature. Is General condition emaciated, improving.	10	Severe form of	Has been very ill. Severe form of	
47 Oct. 17, 1905	8 Kings,	Hip-joint disease.	Mother,	Fairly free motion. Slight muscular improvement. Removed by	11	Hip-joint disease.		
48 Oct. 31, 1905	4 New York, ...	Hip-joint disease.	Mother,	Slight pain. No active symptoms. Walking	12	Shin-splint.		
49 Nov. 7, 1905	15 New York, ...	Hip-joint disease.	Father,	General condition excellent. Restricted motion. Discharged unimproved. Patient	13	General condition poor.		
50 Nov. 24, 1905	12 Rensselaer, ...	Club foot from infantile paralysis.	Mother,	Well marked spasm. Acute symptoms subsequently died of tubercular	14	Moderate flexion deformity, four inches	Is much improved. Walks about	
				Moderate flexion deformity, four inches	15	shortening. Moderate atrophy. Acute	well in apparatus.	
				symptoms present. Disease of eighty years	16	symptoms.		
				standing. Several previous relapses.	17	General condition excellent.		
				General condition excellent.	18	Former patient discharged Dec. 9, 1901.	Readmitted to have apparatus re-	
				Former patient discharged Dec. 9, 1901.	19	Readmitted to have brace relifted. No	discharged.	
				relapse has occurred. Foot is in good	20	position and function is improving.	discharged.	
				position and function is improving.	21	Marked equino-varus deformity. General	in excellent condition. Will soon	
				condition excellent. General	22	equino-varus deformity. General	be discharged.	
				condition excellent.	23	Marked equino-varus deformity. General	Has greatly improved.	
				Knee flexed to 135°.	24			
				Lower end of femur appreciably thick-	25			
				ened. Muscular spasm present. Motion	26			
				poor. No atrophy. General condition	27			
				fair.	28			
				Moderate varus deformity. General con-	29			
				dition excellent.	30			
				Former patient, discharged July 25, 1904.	31			
				Readmitted to have new braces fitted.	32			
				Almost complete paralysis of left lower	33			
				extremity. Partial paralysis of right	34			
				slight equinus deformity of left foot.	35			
				General condition excellent.	36			
				Disease in lumbar region. Moderate	37			
				kyphotic deformity. Gradually improving.	38			
				general condition good.	39			

57	Mar. 5, 1906	12	Putnum, ...	Infantile paralysis.....	Mother.....	Mother.....	Former patient, discharged June 25, 1904. Readmitted for readjustment of braces. Walks about well.
58	Mar. 22, 1906	6	New York...	Hip-joint disease.....	Father.....	.....	Readmitted to have new braces fitted to replace old ones outgrown. Practically complete paralyticus of both lower extremities. General condition excellent.
59	May 15, 1906	4	New York...	Bow legs.....	Mother.....	.....	Slight flexion. Marked spasm. No spasms improved a great deal.
60	May 16, 1906	3	New York...	Pott's disease.....	Father.....	.....	motion. Very acute symptoms. Slight thickening and induration over trochanter major. Night cramps. General condition good. Slight fever. Abscess.
61	May 26, 1906	13	Broome.....	Paraplegia.....	Aunt and guardian.....	.....	Marked bony deformity of tibia. Can is wearing braces and improving considerably.
62	June 4, 1906	5	Albany	Hip-joint disease.....	Superintendent of poor.....	.....	Diseases in upper dorsal region. Marked improvement.
63	July 29, 1906	6	Kings, ...	Acquired club foot from Mother.....	.....	.....	Kyphotic deformity. Condition fair.
64	July 31, 1906	4	New York...	Infantile paralysis.....	.....	.....	Spastic condition of both lower extremities. Cured of deformity. Will soon be discharged.
65	Aug. 31, 1906	10	New York...	Congenital dislocation of hip joint.....	Father.....	.....	General condition excellent.
66	Sept. 14, 1906	4	Rockland ...	Bow legs.....	Mother.....	.....	Disease in upper dorsal region. Marked improvement.
67	Sept. 14, 1906	9	Jefferson ...	Hip-joint disease.....	Father.....	.....	General condition good.
68	Sept. 27, 1906	7	Kings.....	Knee-joint disease	Father.....	.....	Very marked bony deformity of tibiae. General condition excellent.
69	Sept. 28, 1906	9	Rockland ...	Acquired club foot from Mother.....	.....	.....	Marked flexion and abduction. Limbs straight.
				infantile paralysis.....	.....	.....	Position good. Marked muscular spasm. 50% of motion present. General condition poor.
					.....	.....	Contracted tendoachillis. Talipes equinus. Awaiting operation.
						.....	and talipes eacus of left foot. Shortened left lower extremity. Moderate atrophy of leg. General condition good

TABLE NO. III.

*List of surgical operations performed during the year ending
September 30, 1906.*

Case number.	Age.	Date.	Disease.	Operation.	Remarks.
		1906.			
29	4	Mar. 23	Congenital club feet.	Manual over-correction under ether.	Is practically cured.
39	4	Feb. 6	Congenital dislocation of the hip-joint (left).	Lorenz operation for re-dislocation reduced. Wearing apparatus.	
43	4	May 10	Club foot due to a burn.	Manual over-correction under ether.	Is gaining steadily.
51	12	Mar. 23	Congenital club feet.	Manual over-correction under ether.	
51	12	May 11	Congenital club feet.	Manual over-correction under ether.	Is practically cured. Will soon be discharged.
51	12	Aug. 24	Congenital club feet.	Manual over-correction under ether.	
52	8	May 10	Congenital club feet.	Manual over-correction under ether.	In excellent condition. Will soon be discharged.
52	8	Sept. 26	Congenital club feet.	Manual over-correction under ether.	
54	7	May 3	Acquired club foot from infantile paralysis.	Manual over-correction under ether.	Deformity practically cured.
55	9	Mar. 23	Infantile paralysis of both lower extremities.	Achillotomy, left.	Readmitted for adjustment of braces. Much improved.
61	13	Aug. 24	Spastic paraplegia.	Achillotomy, double.	Cured of deformity. Will soon be discharged.
64	4	Aug. 26	Congenital dislocation of hip-joint (left).	Lorenz operation for re-dislocation.	Deformity reduced. Is wearing apparatus.
65	10	Sept. 26	Bow legs.	Osteotomy of tibiae.	Deformity reduced by operation. Limbs straight.

TABLE NO. IV.

Summary of discharged patients for the year ending September 30, 1906.

Case number	Disease	Condition on admission.	Condition on discharge.	Date of discharge.
1	Hip-joint disease.	Stiffness, deformity and abscess. Thigh flexed and abducted; very painful; abscess.....	Cured. Limb in good position.....	Mar. 4, 1906
2	Hip-joint disease.	Thigh flexed and abducted; very painful; abscess.....	Discharged cured. Limb in good position.....	Discharged Oct 21, 1905
4	Hip-joint disease.	Great deformity, pain and abscesses; unable to walk.....	Wears splints as a precaution.....	
7	Hip-joint disease.	Condition on entrance very bad. Deformity marked. Six abscesses. Pain and fever. In bed six months.	Discharged much improved. Joint motion good. Limb Feb. 23, 1906 in good position.	Nov. 5, 1905
10	Pott's disease (humpback)	Much deformity and pain. Marked muscular contraction. Abscess.	Discharged greatly improved. Abscess absorbed. Mother June 2, 1906 moved out of State, necessitating discharge.	Limb Feb. 23, 1906
17	Bow legs.	Marked bowing between knees and ankles.....	Discharged cured.....	Jan. 21, 1906
18	Aqueduct club foot from infantile paraparesis.	Contraction of both tendo-acutinns; almost complete paralysis of both lower limbs.	Discharged cured on account of the permanent nature of the paraparesis.	Jan. 21, 1906
23	Club foot from infantile paraparesis.	Contracted heel cord.	Discharged much improved. Wearing apparatus.....	Apr. 12, 1906
26	Lateral curvature of the spine.	Marked deformity. Patient in poor physical condition.	Discharged much improved.	Oct. 25, 1905
28	Pott's disease (humpback)	Disease in lumbar region. Very acute. Slight deformity. Abscess.	Discharged improved.	May 18, 1906
31	Pott's disease (humpback)	Disease in lower dorsal region. Abscess; profuse discharge. Considerable deformity. Patient very emaciated and weak.	Discharged unimproved.....	Feb. 11, 1906
36	Club feet from infantile paraparesis.	Contraction of right gastrocnemius muscle; paraparesis of left, producing club foot on either side.	Discharged cured.....	July 18, 1906
37	Club foot from infantile paraparesis.	Marked toe-drop disability.....	Discharged improved.....	Mar. 31, 1906
38	Brain paraparesis, with club foot.	Very great deformity of right foot. Heel raised four inches from muscular contraction.	Discharged cured.....	July 21, 1906
45	Lateral curvature of the spine.	Slight curve to the right in dorsal region.	Discharged improved.....	May 19, 1906
47	Hip-joint disease.	Fairly free motion. Slight muscular spasm. No definite symptoms. Wearing brace. General condition excellent.	Removed by mother.....	Dec. 5, 1905
48	Hip-joint disease.	Slight deformity. Restricted motion. Well marked spasm. Acute symptoms present. General condition poor.	Discharged unimproved. Patient subsequently died of May 24, 1906 tubercular meningitis.	
50	Club foot from infantile paraparesis.	Former patient, discharged Dec. 5, 1904. Readmitted to Readmitted to have apparatus readjusted.....	Jan. 25, 1906	
53	Infantile paraparesis of both lower extremities.	Former patient, discharged July 27, 1904. Readmitted to have new braces fitted. Almost complete paraparesis of left lower extremity. Partial paraparesis of right. Slight genuitus deformity of left foot. General condition excellent.	Readmitted for readjustment of braces. Much improved. Sept. 17, 1906.	

TABLE No. IV—Continued.
Summary of discharged patients for the year ending September 30, 1906.

Case number.	Disease.	Condition on admission.	Condition on discharge.	Date of discharge.
55	Infantile paralysis,	Former patient discharged June 25, 1904. Readmitted to have new braces fitted to replace old ones outgrown. Practically complete paralysis of both lower extremities. General condition excellent.	Readmitted for readjustment of braces. Walks about Sept. 21, 1906.	

TABLE No. V.

Summary of deaths for the year ending September 30, 1906.

Case number 35,	Died February 9, 1906,	Cause of death, tubercular meningitis.
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Donations in Material, Etc.

1905.

Oct. 16. Miss Babcock, Haverstraw, N. Y., one day's work sewing for children.

Nov. 4. Trinity church, Garnerville, N. Y., 2 bouquets.

Nov. 11. Lucian Washburn, 2nd, Haverstraw, N. Y., ice cream for children.

Nov. 13. Mrs. L. D. West, Haverstraw, N. Y., package of papers, 4 qts. peanuts.

Nov. 13. Master Philip Kimball, Onteora, Tannersville, N. Y., box of toys.

Nov. 16. Miss Caroline Spiro, Stamford, N. Y., 6 scrap books, 6 knitted balls, 2 dressed dolls, 7 silk bags, 2 framed pictures.

Nov. 20. "From Mary," \$1.00 for treat for children.

Nov. 27. Lamont, Corliss & Co., 78 Hudson St., New York City, 1 doz. bottles "Benger's Food."

Nov. 30. Miss Mabel Welsh, 27 West 81st St., New York City, ice cream and cakes for children.

Nov. 30. Mrs. M. Hedges Washburn, Haverstraw, N. Y. 6 outing flannel night gowns.

Dec. 13. Mrs. L. D. West, Haverstraw, N. Y., Red Cross Chart and emergency roll, package of candy.

Dec. 21. Miss Bertha Stockwell, 37 Remsen St., Brooklyn, N. Y., Miss Eames, 59 Pierrepont St., Brooklyn, N. Y., wheel chair.

Dec. 23. Children of the Primary Department of the Central Presbyterian Sunday School, Haverstraw, N. Y., Package of Christmas presents.

Dec. 23. Mrs. Margaret Washburn, Mrs. George Archer and others, box of Christmas presents, 1 bbl. of apples, 1 bch. of bananas, candy for children, 1 box of oranges; also one large moving picture machine.

Dec. 23. Miss Mabel Welsh, 27 West 81st St., New York City, 48 boxes of candy, 6 night shirts, 6 night gowns.

Dec. 23. Mrs. L. D. West, Haverstraw, N. Y., box of candy.

Dec. 23. Mrs. William Hendershott, Haverstraw, N. Y., 24 boxes of candy for girls.

Dec. 25. Miss Anna Huber, Garnerville, N. Y., candy for children.

1906.

Jan. 3. Mrs. Margaret Washburn, Mrs. George Archer and others, 3 tool chests.

Jan. 12. Mrs. Remsen, 800 Madison Ave., New York City, 1 box playthings, 1 small trunk of toy soldiers and field pieces.

Jan. 26. Mrs. Korber, 103 Lincoln Place, Brooklyn, N. Y., 5 pairs of crutches.

Jan. 27. Mrs. Tomkins, Tomkins Cove, N. Y., 2 suits boy's clothing, 1 child's cloak.

Feb. 5. Rev. C. C. Proffitt, Garnerville, N. Y., Bouquet of carnations.

Feb. 10. Miss Hedges, Haverstraw, N. Y., toy merry-go-round.

Feb. 14. Mrs. Newton M. Shaffer, 28 East 38th St., New York City, ice cream and grapes for children.

Feb. 14. Miss Mabel Welsh, 27 West 81st St., New York City, 28 volumes for library.

Feb. 15. E. T. Dunn, Haverstraw, N. Y., 18 lbs. tea, 2 bu. butternuts.

Feb. 15. Mr. H. Dorl, Haverstraw, N. Y., Package of magazines and periodicals.

Feb. 21. American Tract Society, New York City, package of periodicals.

Feb. 21. Trinity Church, Garnerville, N. Y., Bouquet of carnations and lilies.

Mar. 2. Horlick's Malted Milk Co., Racine, Wis., 1 doz. bottles Horlick's Malted Milk.

Mar. 12. Mrs. J. C. Hand, 28 New St., Catskill, N. Y., box containing children's clothing, magazines, etc.

Mar. 16. Towns & James, 174 Fulton St., Brooklyn, N. Y., box of drugs.

Mar. 21. Mr. E. D. Heminover, Garnerville, N. Y., sleigh-ride for all the children.

Apr. 6. Miss Ella L. Shaffer, 148 Dubois St., Newburgh, N. Y., 3 children's night gowns.

Apr. 9. W. C. T. U., Haverstraw, N. Y., per Mrs. J. Theodore Verdin, 19 children's night gowns.

Apr. 11. Miss A. J. Van Tine, Librarian of Church Periodical Club, St. Andrew's Church, Fishkill-on-Hudson, N. Y., package of magazines, periodicals, calendars and picture cards.

Apr. 12. "The Daughters of the King" and The Auxiliary of Trinity Church, Garnerville, N. Y., 25 children's night gowns.

Apr. 15. Miss Mabel Welsh, 27 West 81st St., New York City, ice cream and cakes for children.

Apr. 15. Trinity Church, Garnerville, N. Y., bouquet of carnations and lilies.

Apr. 26. Miss Edith McKeever, 120 East 65th St., New York City, 1 toy alligator, 1 toy fish, 1 toy diver, 2 books.

June 4. Haverstraw Band, Haverstraw, N. Y., band concert.

June 5. Miss Wattles, Garnerville, N. Y., 6 dozen full blooded Plymouth Rock eggs.

June 15. Mrs. F. A. Filor, West Haverstraw, N. Y., collection of magazines and periodicals.

June 26. Mrs. Margaret Washburn, Mrs. George Archer and others, 2 swing chairs.

June 26. Dr. Newton M. Shaffer, 28 East 38th St., New York City, large quantity of fireworks.

July 4. Miss Mabel Welsh, 27 West 81st St., New York City, ice cream and cakes for children.

July 4. Dr. P. W. Roberts, 1 West 92d St., New York City, candy, fire crackers and silk flags for children.

July 12. Shields Bros., Bombay, N. Y., 4 pairs odd sizes moccasins.

July 22. Rev. C. C. Proffitt, Garnerville, N. Y., bouquet of sweet peas.

July 24. Mrs. Rutledge Irving Odell, Tomkins Cove, N. Y., 2 boxes of cut flowers.

Aug. 7. Mrs. C. C. Proffitt, Garnerville, N. Y., package of magazines.

Sept. 14. Mr. Frank Case, Haverstraw, N. Y., package of "Sunday School Advocates."

Sept. 24. Rev. C. C. Proffitt, Garnerville, N. Y., large bouquet of flowers.

Sept. 28. Mrs. O. R. Hughes, Haverstraw, N. Y., 1 boy's hat, 1 overcoat, 3 boy's blouses.

NOTE.

For the information of those interested, the following rules governing the admission of patients, and the forms of affidavit, are appended. Affidavit blanks will be forwarded upon application to the Surgeon-in-Chief, New York State Hospital for the Care of Crippled and Deformed Children, West Haverstraw, N. Y.

RULES AND REGULATIONS

GOVERNING THE ADMISSION OF PATIENTS TO

New York State Hospital for the Care of Crippled and Deformed Children.

The New York State Hospital for the Care of Crippled and Deformed Children, established by the Legislature of 1900, is now open for the reception and treatment of patients.

The hospital was established "for the care and treatment of any indigent children who may have resided in the State of New York for a period not less than one year, who are crippled or deformed, or are suffering from a disease from which they are likely to become crippled or deformed."

The following conditions are imposed upon all applicants: "No patient shall be received except upon satisfactory proof made to the Surgeon-in-Chief, by the next of kin, guardian, or a State, town or county officer, under the rules to be established by the Board of Managers, showing that the patient is unable to pay for private treatment. Such proof shall be by affidavit. If there was an attending physician before the patient entered the hos-

pital, it shall be accompanied by the certificate of such physician giving the previous history and condition of the patient."

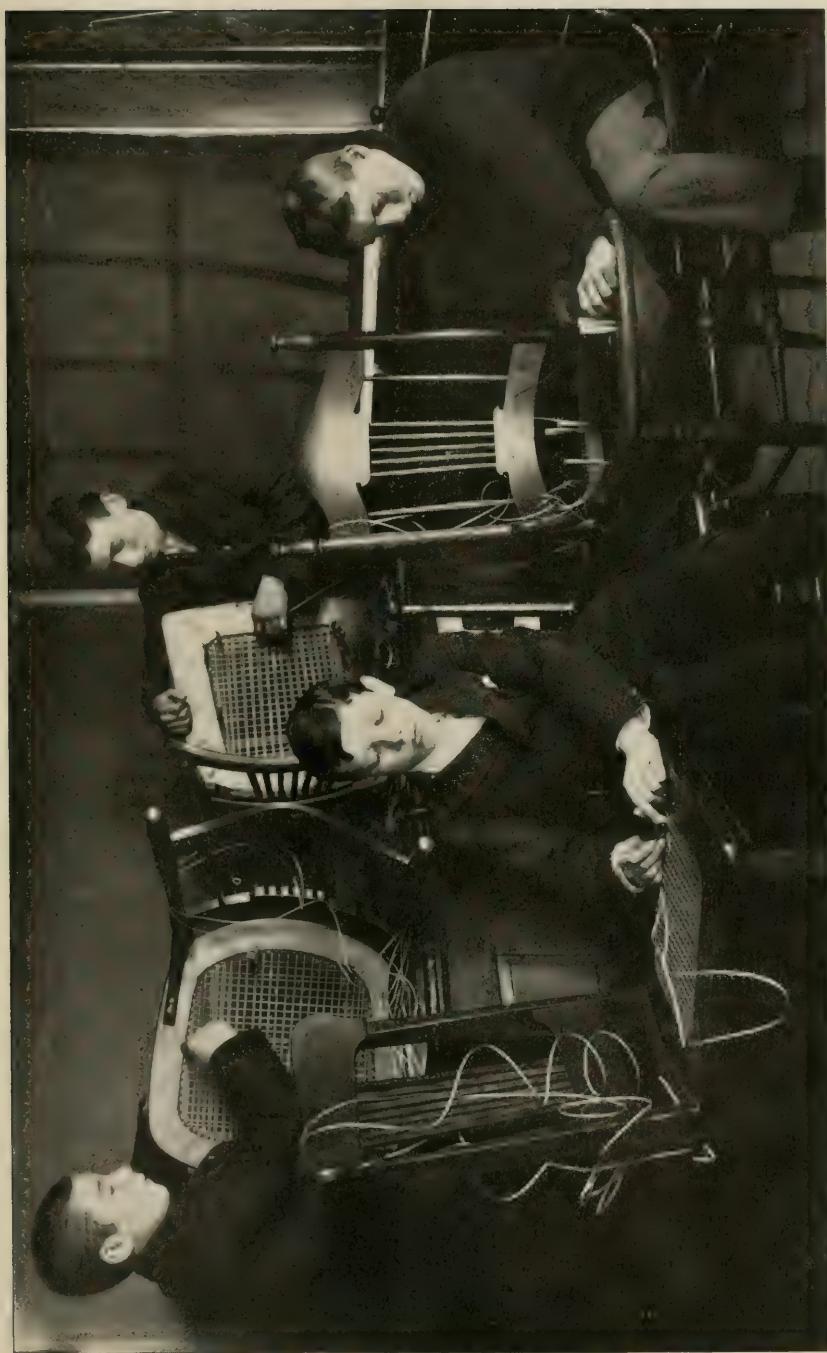
Patients from four to sixteen years of age will be received for treatment, and all applications will be acted upon in the order of their reception. No patient will be admitted without an examination by, and a certificate from, the Surgeon-in-Chief, or in his absence, one of his assistants.

No patient whose condition is such that death is likely to occur in the immediate future, or whose condition precludes a reasonable amount of relief as the result of treatment, will be admitted.

As this institution is a hospital, and not an asylum or home, it should be clearly understood by each applicant that the patient, if received, may be returned to the committing institution, parent or guardian, at the discretion of the Surgeon-in-Chief.

It would aid the Surgeon-in-Chief very much in deciding upon the eligibility of a proposed candidate for admission, if, in addition to a written statement, giving the past history and present condition of the applicant, a photograph showing clearly the nature and location of the deformity should accompany the application.

Application for admission should be made to Dr. Newton M. Shaffer, Surgeon-in-Chief, No. 28 East Thirty-eighth street, New York, who will appoint a time and place for the examination of the patient. Patients living at remote points in the State are referred to the following gentlemen (out-of-town members of the consulting staff): Dr. A. Vander Veer and Dr. S. B. Ward, of Albany, N. Y.; Dr. Roswell Park and Dr. Charles G. Stockton, Buffalo, N. Y.; Dr. Richard B. Coutant, Tarrytown, N. Y.; Dr. J. Van Duyn and Dr. Henry L. Elsner, Syracuse, N. Y.; Dr. Henry A. Gates, Delhi, N. Y.; Dr. Grant C. Medill, Ogdens-



PATIENTS RESEATING CHAIRS.

burg, N. Y.; Dr. Frank W. Sears, Binghamton, N. Y.; Dr. John Sengstacken, Stony Point, N. Y.; and Dr. Eugene B. Laird, Haverstraw, N. Y.

*Approved by the State Board of Charities and issued by order of
the Board of Managers of the Hospital.*

AFFIDAVIT BLANK
FOR PARENTS AND GUARDIANS.

To NEWTON M. SHAFFER, M. D., *Surgeon-in-Chief*,
No. 28 EAST 38th STREET, NEW YORK.

STATE OF NEW YORK, }
COUNTY OF..... } *ss.*
.....being duly sworn, says that is
the of aged years; that the said
..... is suffering from; that has
resided in the State of New York for over one year, and that
I as am unable to pay for private treatment for
the said

Name.....

Residence.....

And further this deponent says not.

Sworn to before me this day of 190 .

AFFIDAVIT BLANK
FOR STATE, COUNTY OR TOWN OFFICERS.

To NEWTON M. SHAFFER, M. D., *Surgeon-in-Chief*,
No. 28 EAST 38TH STREET, NEW YORK.

STATE OF NEW YORK, }
COUNTY OF..... }*ss.*

.....being duly sworn, says that he
is the.....officer in the.....of.....
.....New York State; that he is acquainted with the
position and circumstances of.....; that the said
.....is.....years of age; that.....
is suffering from.....; that..... has resided in the
State of New York for over one year, and that.....is unable
to pay for private treatment for.....condition.

Name.....

Residence.....

.....
And further this deponent says not.

Sworn to before me this.....day of.....190.....

